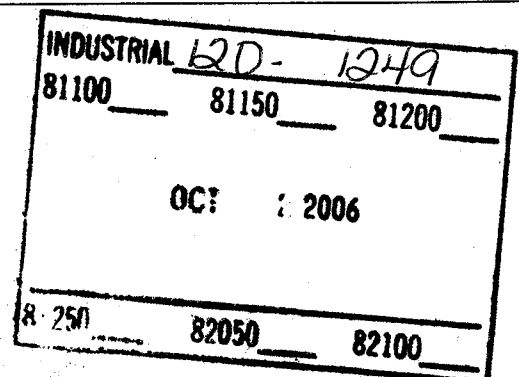


**PASSAIC VALLEY SEWERAGE COMMISSIONERS
APPLICATION FOR A SEWER USE PERMIT**

SECTION A

1. Company Name: Princeton Laundry Inc.
2. Permit Number if applicable: _____
3. Location: 2 wood street Paterson NJ
 Zip Code: 07510
4. Mailing Address: 781 East 133 street Bronx
NY Zip Code: 10454
5. Person to contact concerning information provided in this application:
 Name of Contact Official: Kevin Gadascio ✓
 Title: Treasurer Phone No.: 993-7760
 Address: 781 E 133 St Bronx NY Zip code: 10454
6. Number of Employees – Full Time: 155 Part Time: _____
 Number of Work Days Per Year: 365
 Number of Shifts Per Day: 1
7. If property is owned indicate block and lot number(s): 3076 3
 Assessed Value: 4,500,000.-
8. If property is rented indicate name and address of owner: _____

 Total square feet rented: _____
9. List NJPDES Permit Number if applicable, _____ and
 Name of receiving Body of Water entered _____



SECTION B**WATER DATA**

10. Water Source: (Circle all appropriate answers)

Purchased

Y - N

Well

Y - N

If Y, is it metered

Y - N

River

Y - N

If Y, is it metered

Y - N

11. Name of purchased water supplier:

Pasque Valley Water

List all Account #'s: _____

12. Water Received: From Mo. _____ Yr. _____ Through Mo. _____ Yr. _____.

(* Next to a figure means it is estimated).

	<u>PURCHASED</u>	<u>WELL</u>	<u>RIVER</u>	<u>TOTAL</u>
1 st Qtr.				
2 nd Qtr.				
3 rd Qtr.				
4 th Qtr.				

GRAND TOTAL _____

Report in gallons

13. Water Use and Disposition (*Next to a figure means it is estimated).

	Gallons Sanitary/Combined Sewer	Discharged Stormwater/River/ Ditch	Gallons Used Other
Sanitary service only			
Process waste water			
Cooling water			
Evaporation			
Contained in the product			
Other (describe)			

GRAND TOTAL _____

SECTION B (continued)

14. Process wastewater which is discharged as above is metered as follows:

To the Separate Sanitary Sewer	Y - N
To the Combined Sewer	Y - N
To the Storm Sewer	Y - N
River or Ditch	Y - N

15. Waste hauler information: List all firms and/or independent contractors used to remove process waste or sludge from this facility.

Contractor	Address	Icc #	Waste type handled

SECTION C**OPERATIONAL CHARACTERISTICS**

16. Discharge of Industrial Waste is continuous N/A
or intermittent _____ each operating day.

If the discharge is intermittent, it occurs between the following hours: _____

17. Brief description of Manufacturing or other activity performed: Commercial Laundry

List SIC CODE #: ?

18. Principal Raw Materials used: _____

19. Principal Products or Services: Guest Laundry; Uniform Linen Service to Hotels in Metro. Area

20. Describe seasonal variations, if significant, giving dates, volumes, rates, hours, etc. Include variations in product lines which affect waste characteristics: _____

Does this facility shutdown for vacation(s)? NO If so, is it basically the same time each year. _____ Provide dates usually shutdown _____

SECTION D

MONITORING

21. Describe any pretreatment process or effluent monitoring system in use:

Outlet No treatment PH monitor systems

Outlet _____

Outlet _____

22. Sampling information:

Attached

<u>Outlet</u>	<u>Contains Industrial Waste</u>	<u>Sampler Type</u>	<u>Refrigerated</u>

SECTION D (continued)

23. Volume Information:

<u>Outlet</u>	<u>Daily Flow</u> <u>(Gallons)</u>	<u>Metered</u> <u>(Y - N)</u>	<u>Type</u>	<u>Date</u>

24. Frequency of calibration of each flow meter: _____

25. Attach plot plan of the property showing: *existing drain lines*
- (a) all existing or proposed sewer and drain lines (including outlets to a storm sewer, river or ditch);
 - (b) sample point(s); Monitoring or Pretreatment Equipment; Incoming meter(s); Well meter(s); Internal meter (s); Flowmeter(s).
 - (c) details of the connection(s) to the municipal (or PVSC) sewer, including the distance and direction of each connection from the nearest street intersection.

SECTION E**ANALYSIS OF INDUSTRIAL WASTE**

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

OUTLET NO. _____

Report to the nearest unit: XX. Except where indicated with (1) Example: 15 mg/l			Report to the nearest hundredth: 0.XX Except where indicated Example: 0.36 mg/l		
<u>Code</u>	<u>Parameter</u>	<u>Value</u>	<u>Code</u>	<u>Parameter</u>	<u>Value</u>
0200*	Radioactivity (PL-1)		1097*	Antimony (Sb)	
0500	Total Solids		1002*	Arsenic (As)	
0505	Volatile Solids		1022*	Boron (B)	
0530	Total Suspended Solids		1027	Cadmium (Cd)	
0540	Volatile Suspended Solids		1034*	Chromium Total (Cr)	
0555	(1)(3) Petroleum Hydrocarbons		1042	Copper (Cu)	
0310	Biochemical Oxygen Demand (BOD)		1045*	Iron (Fe)	
			1051	Lead (Pb)	
0340	Chemical Oxygen Demand (COD)		0720*(3)	Cyanide (Cn)	
			1900	Mercury (Report to 0.XXX)	
0680	Total Organic Carbon (TOC)		1067	Nickel (Ni)	
			1147*	Selenium (Se)	
9000	pH(standard unit range)		1077*	Silver (Ag)	
0610	(1) Ammonia as N		1102*	Tin (Sn)	
0550	(1)(3) Total Oil & Grease		1092	Zinc (Zn)	
0745*	(1) Sulfide		2730	Phenol	
0507*	(1) Ortho Phosphates as P		4053*	Pesticides (Report to 0.XXX)	
0625*	(1) Kjeldahl N as N				
9998*	(2)(3) TTO (Report to 0.XXX)		9999*(3)	TTVO (Report to 0.XXX)	

FOOTNOTES:

- (1) Report results to the nearest tenth, i.e., 1.6 mg/l.
(*) Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.
- (2) See instructions.
- (3) Grab sample required

Rev: 1/87
8/89
7/90
9/94
8/95
11/95
07/98

SECTION E (continued)Samples collected by: John TaylascioDate: 3/13/06Sample analyzed by: South Mall Analytical LabDate: 3/27/06Products being manufactured when sample was collected: See attached27. Who performs the analyses of the samples for User Charge? John Garlano28. Is the Laboratory certified by NJDEP to conduct all the analyses? ☒ Y - N

29. Who performs the analyses of the samples for the Pretreatment Parameters?

N/A

If monitoring has not commenced for Pretreatment, indicate Laboratory you plan to use. If unknown, so state:

N/A

30. Is the Laboratory certified by NJDEP to conduct all the required Pretreatment analyses?

Y - N

N/A

31. Based upon knowledge of materials and processes used at this facility check the appropriate box that best describes the potential that a Priority Pollutant, listed on Tables 1,2 & 3 is present in your discharge.

SECTION F**PRETREATMENT**

32. Industrial Category: _____
 Subpart (s): _____
33. Compliance date(s): _____
34. Is facility in compliance? _____ If not, and if compliance date has passed, explain actions being taken to get into compliance: _____

35. Date Baseline Monitoring Report (BMR) submitted to PVSC: _____
36. Compliance schedule submitted: _____
 If yes is facility on schedule? _____ Explain if compliance date will not be met: _____

37. Does this facility come under the Resource Conservation and Recovery Act (RCRA)?
 If yes, describe _____
38. Does this facility have a Spill Prevention Control and Countermeasures (SPCC) plan?
 If yes, describe _____

39. Has NJDEP or EPA ever cited this facility for a violation of State or Federal Regulations for the nature of its wastewater discharge? Y - N _____
40. Is this facility under an ISRA Clean up? _____ If so, has a plan been approved by NJDEP: _____

 Is there any plan to discharge groundwater?

CERTIFICATION*:

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete and accurate.

If the applicant is a corporation, a corporate resolution is attached granting me the authority to sign the application on behalf of the corporation.

Name of signing official:

Michael Garlasco
Michael Garlasco
Print Name

TITLE:

V.P.

DATE

9/27/06

SIGNATURE

Michael Garlasco

*APPLICATION MUST BE SIGNED BY ONE OF THE FOLLOWING:

- a. Principal Officer of Corporation
- b. President or Owner of Company
- c. / General Partner if a Partnership
- d. / Plant Manager or Authorized Representative

TABLE 1 EPA PRIORITY POLLUTANTS**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
Acenaphthene					2,4 dimethylphenol				
acrolein					2,4 dinitrotoluene				
acrylonitrile					2,6 dinitrotoluene				
benzene					1,2 diphenylhydrazine				
benzidine					ethylbenzene				
carbon tetrachloride (tetrachloromethane)					fluoranthene				
chlorobenzene					4-chlorophenyl phenyl ether				
1,2,4-trichlorobenzene					4-bromophenyl phenyl ether				
hexachlorobenzene					bis(2-chloroisopropyl) ether				
1,2 dichloroethane					bis(2-chloroethoxy) methane				
1,1,1 trichloroethane					methylene				
hexachloroethane					chloride(dichloromethane)				
1,1,dichloroethane					methyl chloride				
1,1,2 trichloroethane					(chloromethane)				
1,1,2,2 tetrachloroethane					methyl bromide				
chloroethane					(bromomethane)				
bis(chloromethyl) ether					bromoform(tribromomethane)				
Bis(2 chloroethyl) ether					dichlorobromomethane				
2-chloroethyl vinyl ether mixed					trichlorofluoromethane				
2-chloronaphthalene					dichlorodifluoromethane				
2,4,6, trichlorophenol					chlorodibromomethane				
parachlorometa cresol					hexachlorobutadiene				
Chloroform (trichloromethane)					hexachlorocyclopentadiene				
2 chlorophenol					isophorone				
1,2, dichlorobenzene					naphthalene				
1,3, dichlorobenzene					nitrobenzene				
1,4, dichlorobenzene					2-nitrophenol				
3,3, dichlorobenzidine					4-nitrophenol				
1,1,dichloroethylene					2,4-dinitrophenol				
1,2 trans-dichloroethylene					4,6 dinitro-o cresol				
2,4,dichlorophenol					N-nitrosodimethylamine				
1,2, dichloropropane					N-nitrosodiphenylamine				
1,3, dichloropropylene					N-nitrosodi-n-propylamine				
(1,3 dichlor propene)					pentachlorophenol				
					phenol				

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 1 EPA PRIORITY POLLUTANTS (continued)**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
bis(2-ethylhexyl) phthalate					endrin				
butylbenzylphthalate					endrin aldehyde				
di-n-butylphthalate					heptachlor				
di-n-octylphthalate					heptachlor (epoxide)				
diethylphthalate					BHC Alpha				
dimethylphthalate					BHC Beta				
benzo(a)anthracene					BHC Gamma				
benzo(a)pyrene					BHC Delta				
3,4 benzofluoranthene					PCB1242				
benzo(k) fluoranthene					PCB1254				
chrysene					PCB1221				
acenaphthylene					PCB1232				
anthracene					PCB1248				
benzo(ghi)perylene					PCB1260				
fluorene					PCB1016				
phenanthrene					toxaphene				
dibenzo (a,h) anthracene					antimony(total)				
indeno (1,2,3-c,d) pyrene					arsenic (total)				
pyrene					asbestos (fibrous)				
tetrachloroethylene					beryllium (total)				
toluene					cadmium (total)				
trichloroethylene					chromium (total)				
vinyl chloride					copper (total)				
aldrin					cyanide (total)				
dieldrin					lead (total)				
chlordan					mercury (total)				
4,4 DDT					nickel (total)				
4,4, DDE					selenium (total)				
4,4, DDD					silver (total)				
endosulfan 1					thallium (total)				
endosulfan 11					zinc (total)				
endosulfan sulfate					2,3,7,8, tetrachlorodibenzo				
					p-dioxin				

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 2 NJDEP EXPANDED PRIORITY POLLUTANTS**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acrylamide					n,n-dimethyl aniline				
amitrole					3,3-dimethyl benzidine				
amyl alcohols					1,1-dimethylhydrazine				
aniline hydrochloride					dioxane				
anisole					diphenylamine				
auramine					ethylenimine				
benzotrichloride					hydrazine				
benzylamine					4,4-methylene bis				
					(2-chloraniline)				
o-chloroaniline					4,4-methylenedianiline				
m-chloroaniline					methyl isobutyl ketone				
p-chloraniline					alpha-naphthylamine				
1-chloro-2-nitrobenzene					beta-naphthylamine				
1-chloro-4-nitrobenzene					n-methylaniline				
chloroprene					1,2- phenylenediamine				
chrysoidine					1,3- phenylenediamine				
cumene					1,4-phenylenediamine				
2,3-dichloroaniline					sudan 1 (solvent yellow 14)				
2,4-dichloroaniline					thiourea				
2,5-dichloroaniline					toluene sulfonic acids				
3,4-dichloroaniline					toluidines				
3,5-dichloroaniline					xylidines				
1,3-dichloropropene									
1,3-dimethoxybenzidine									

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 3 EPA HAZARDOUS SUBSTANCES**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acetaldehyde					isopropanolamine				
allyl alcohol					kelthane				
allyl chloride					kepone				
amyl acetate					malathion				
aniline					mercaptodimethur				
benzonitrile					methoxychlor				
benzyl chloride					methyl mercaptan				
butyl acetate					methyl methacrylate				
butylamine					methly parathion				
captan					mevinphos				
carbaryl					mexacarbate				
carbofuran					monoethylamine				
carbon disulfide					monomethylamine				
chlorpyrifos					naled				
coumaphos					napthenic acid				
cresol					nitrotoluene				
crotonaldehyde					parathion				
cyclohexane					phenolsulfanate				
2,4-D (2,4-dichlorophenoxy)					phosgene				
acetic acid					propagrite				
diazinon					propylene oxide				
dicamba					pyrethrins				
dichlobenil					quinoline				
dichlone					resorcinol				
2,2-dichloropropionic acid					strontium				
dichlorvos					strychnine				
diethylamine					stryrene				
dimethylamine					2,4,5-T (2,4,5-trichloro- phenoxy acetic acid)				
dinitrobenzene					TDE (tetrachloro- diphenylethane)				
diquat					2,4,5-TP 2(2,4,5- trichlorophenoxy				
disulfoton					trichlorofon				
diuron					triethylamine				
epichlorohydrin					trimethylamine				
					propanoic acid				

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 3 EPA HAZARDOUS SUBSTANCES (continued)**CHECK APPROPRIATE BOX**

<u>NAME</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
ethanolamine					uranium				
ethion					vanadium				
ethylene diamine					vinyl acetate				
ethylene dibromide					xylene				
formaldehyde					xlenol				
furfural					zirconium				
guthion									
isoprene									

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

SUPPLEMENTAL SEWER USE APPLICATION QUESTIONNAIRE

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name and address of the applicant and all individuals and entities owning 10% or more of the applicant. This will assist the PVSC by providing necessary information for service of notices, bills and other documents upon the applicant, for service of process as well as the individual to be contacted in the event of an emergency.

BY SIGNING THIS APPLICATION THE APPLICANT IS ACKNOWLEDGING ITS CONTINUING OBLIGATION TO UPDATE THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE. SPECIFICALLY THE APPLICANT UNDERSTANDS THAT IT SHALL NOTIFY THE PVSC WITHIN THIRTY (30) DAYS OF ITS ENTERING INTO A CONTRACT OR AGREEMENT TO TRANSFER ITS CAPITAL STOCK AND/OR 50% OR MORE OF ITS ASSETS. THE APPLICANT SHALL LIKEWISE INFORM THE PVSC, ON A CONTINUING BASIS, OF ALL INDIVIDUALS OR ENTITIES OWNING 10% OR MORE OF THE CAPITAL STOCK OR ASSETS OF THE CORPORATION AND ANY INDIVIDUAL OR ENTITY ENTITLED TO RECEIVE MORE THAN 10% OF THE NET PROFITS OF THE APPLICANT.

FAILURE TO NOTIFY THE PVSC OF ANY CHANGES IN THE CORPORATE STRUCTURE, OWNERSHIP OR PLANNED-TRANSFER OF OWNERSHIP WITHIN 15 DAYS OF ITS OCCURRENCE SHALL BE DEEMED A VIOLATION OF THE SEWER USE PERMIT, THE RULES AND REGULATIONS OF THE PVSC AND N.J.S.A. 58:14-1 et. seq.

SECTION ONE

(To be completed by all applicants)

NAME OF APPLICANT: State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement, trust or other official document which establishes the name of the applicant (if no such document exists, state the name the business uses):

Name of Applicant

TRADE NAME: Identify all trade names, names under which the applicant will be doing or soliciting business and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

Trade Name/Fictitious Name

BUSINESS ORGANIZATION: Please check the appropriate box:

- | | | | |
|-------------------------------------|---------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | Sole Proprietorship | <input type="checkbox"/> | Trust |
| <input type="checkbox"/> | Partnership | <input type="checkbox"/> | Joint Venture |
| <input checked="" type="checkbox"/> | Limited Partnership | <input type="checkbox"/> | Non-Profit Corporation |
| <input checked="" type="checkbox"/> | Corporation | <input type="checkbox"/> | Limited Liability Company |
| <input type="checkbox"/> | Other (describe) | | |

EMERGENCY CONTACT PERSON: In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: Kevin Gardasco

Street Address: 114 Maitland Ave

City, State & Zip Code: Raritan NJ 07162

Business Telephone:

Emergency Telephone:

201-538-7441 cell

718-993-2760

PAST NAMES OF APPLICANT. List all names under which the applicant has done business or held itself out to the public as doing business in the past. Include names of division, and "trading as," "doing business as," fictitious, or informal name.

<u>Name</u>	<u>From (Year)</u>	<u>To (Year)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT'S FORMER FACILITIES IN NEW JERSEY. List all locations, including office, in the State of New Jersey at which the applicant formerly operated any aspect of its business, and any location at which such a business was owned or operated by any predecessor of the applicant, or by any owner, partner, director, officer, key employee or stockholder holding 10% or more of the applicant's equity.

<u>Address</u>	<u>Type of Facility</u>	<u>From To (years)</u>	<u>NJDEP regis. No. and or USEPA I.D.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OFFICERS. List the following information as to each Officer of the corporation. Use additional copies of this section as necessary.

Name: Lawrence C. Gadascio Telephone: 718-993-7760

Business address: _____

Office
held

Date took
office

Date of
birth

President

4/23/06

5/6/29

Name: Michael Gadascio

Telephone: _____
(area code)

Business address: _____

Office
held

Date took
office

Date of
birth

Vice President

4/23/06

1/7/59

officers

DIRECTORS. List the following information as to each Director of the corporation. Use additional copies of this section as necessary.

Name: John Gadascio

Telephone: _____
(area code)

Business address: _____

Office
held

Date took
office

Date of
birth

Secretary

4/23/06

4/21/61

APPLICANT'S FACILITIES IN OTHER JURISDICTIONS. List all locations in any state, including offices, districts or territory of the United States other than New Jersey, or in any foreign country, at which the applicant is currently operating any aspect of its business.

<u>Address</u>	<u>Telephone</u>	<u>Type of facility</u>	<u>USEPA I.D. and/or any permits (nos. and name of issuing agency)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION TWO

(To be completed only by Corporations and Limited Liability Companies)

REGISTERED AGENT: Identify the name and address of the Corporation's Registered Agent:

Name: Kevin or Michael Gasasco
 Company Name: Princeton Laundry Inc.
 Street Address: 2 Wood St.
 City, State & Zip Code: Paterson N.J. 07510
 Telephone: 718-943-7760
 (Area Code)

DATE AND PLACE OF INCORPORATION/FORMATION: Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State/Country: NJ

Date: 6/23/06

Certificate of Incorporation No.: 26-514 5812

Copy of certificate of incorporation attached? ☒ Yes ☐ No

DATE AUTHORIZED IN NEW JERSEY: If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date:

TYPE OF ASSOCIATION: Check One

☐ General Partnership ☐ Limited Partnership ☐ Joint Venture

GENERAL PARTNERS OR JOINT VENTURERS. List the following information as to each partner or joint venturer. Use **additional copies of this section, as necessary.** If a limited partnership, list limited partners separately under the heading "limited partners."

Name:

Street Address:

City, State & Zip Code:

Telephone: _____

Name:

Street Address:

City, State & Zip Code:

Telephone: _____

LIMITED PARTNERS. List the following information as to each limited. Use **additional copies of this section as necessary.**

Name:

Street Address:

City, State & Zip Code:

Telephone: _____

Name:

Street Address:

City, State & Zip Code:

Telephone: _____

FORMER OFFICERS AND DIRECTORS: List the following information as to each person who was an Officer or Director of the corporation at any time during the last 10 years and is not listed in the responses above. Use additional copies of this section, as necessary.

Name and last known address:

Position <u>held</u>	From	To (month/year)	Date of <u>birth</u>
_____	_____	_____	_____

SECTION THREE

(To be completed only by Corporations and Limited Liability Companies)

List all persons and/or entities holding a 10% or greater ownership, equity, beneficial or other interest in the Applicant along with the addresses and telephone #. Use additional copies of this section as necessary.

Name:

Street Address:

City, State & Zip Code:

Bus.Phone

Name:

Street Address:

City, State & Zip Code:

Bus.Phone

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

SECTION FOUR

(To be completed only by Partnerships or Joint Ventures)

Provide a copy of the partnership or joint venture agreement of applicant.

Copy attached? ☐ Yes ☐ No

OWNERS, OFFICERS, TRUSTEES, CONTROLLING PARTIES, ETC. List the following information as to each person who owns, controls or is an officer or trustee of the Applicant. If any owner, officer, trustee, or controlling party listed below shall be a corporation, limited liability corporation, or partnership (general or limited liability), the Applicant shall supply the information requested in Sections Two, Three and Four as applicable. **Use additional copies of this section as necessary.**

Name:

Street Address:

City, State & Zip Code:

Telephone:

Name:

Street Address:

City, State & Zip Code:

Telephone:

SECTION SIX

CIVIL VIOLATIONS HISTORY

(To be completed by all applicants)

The following questions concern civil violations of environmental protection laws and regulations. In this section, the term "you" refers to the applicant identified in SECTION I, and to any of the following:

- a. Any predecessor firm, or any previous name under which the applicant operated.
- b. Subsidiaries: Any business in which the applicant holds 25% of equity or debt liability.
- c. Sister companies: Any business in which the applicant's parent company holds more than 10% of the equity or debt liability.
- d. Any corporation of which the Applicant is a subsidiary.
- e. Any Officer, Director, Partner, or Joint Venturer of the applicant, and any business concern owned or controlled by any such individual.

Provide a response in each section. Each item pertains to all of the entities and individuals listed above. If an answer is None or the item is not applicable, write "None" or "N/A". A question left unanswered will not be presumed "Not applicable" or "None" - THE FORM WILL BE DEEMED INCOMPLETE.

As used below, the term "law or regulation pertaining to protection of the environment" includes laws and regulations relating to the discharge, treatment, storage, processing, recycling or disposal of industrial waste or hazardous waste and any others relating to water and air pollution, discharge of hazardous substances and treatment of hazardous materials. It includes regulations of the Passaic Valley Sewerage Commissioners ("PVSC"), N.J. DEP, the U.S. EPA, the N.J. DOT, and the U.S. Department of Transportation.

FORMER PARTNERS/JOINT VENTURERS. List the following information as to all prior partners (general and limited) and joint venturers of the applicant during the past 10 years that are not listed above. Use additional copies of this section as necessary.

Name:

Street Address:

City, State & Zip Code:

Telephone:

Dates during which individual was a partner: _____

Name:

Street Address:

City, State & Zip Code:

Telephone: _____ Telephone _____

Dates during which individual was a partner: _____

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

SECTION FIVE

(This section to be completed only if the business concern is organized in a form **other than** a sole proprietorship, corporation, partnership or joint venture—such as a trust or association)

FORM OF BUSINESS ORGANIZATION: Describe how the business entity is organized and under what legal authority it was established.

Type (trust, trade association; estate; etc.)

Copy attached? _____ Yes _____ No

C. NEW JERSEY MUNICIPALITIES AND COUNTIES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summonses, civil Complaints, Citations of any kind, and Notices of intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any municipality or county in the State of New Jersey, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. **Use additional copies of this section as necessary.**

Name of entity cited: _____ Date Issued: _____

Address of alleged violation: _____

Alleged violation: _____ Type of notice: _____

Disposition & explanation: _____

Name of issuing agency: _____ Docket no.: _____

D. OTHER STATES AND FOREIGN COUNTRIES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summons, Civil Complaints, Citations of any kind, and Notices of Intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any state other than the State of New Jersey or by any foreign country, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. **Use additional copies of this section as necessary.**

Name of entity cited: _____ Date Issued: _____

Address of alleged violation: _____

Alleged violation: _____ Type of notice: _____

Disposition & explanation: _____

Name of issuing agency: _____ Docket no.: _____

A. NEW JERSEY VIOLATIONS NOTICES. List and explain all Summonses, Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, settlements, Judicial or Administrative Consent Orders, or Notices of Intent to Deny or Revoke any license or permit, or similar notices, issued to you within the past 10 years by the PVSC, New Jersey Department of Environmental Protection (DEP) or United States Environmental Protection Agency. **Attach additional sheets if necessary.**

Name of entity cited: _____ Date Issued: _____

Address of alleged violation: _____

Alleged violation: _____ Type of notice: _____

Disposition & explanation: _____

Name of issuing agency: _____ Docket No.: _____

B. FEDERAL VIOLATION NOTICES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, or similar notices issued to you within the past 10 years by the U.S. Environmental Protection Agency or U.S. Department of Transportation for any alleged violation of any federal law or regulation pertaining to protection of the environment. **Use additional copies of this section as necessary.**

Name of entity cited: _____ Date Issued: _____

Address of alleged violation: _____

Alleged violation: _____ Type of notice: _____

Disposition & explanation: _____

Name of issuing agency: _____ Docket no.: _____

SECTION EIGHT**CRIMINAL CHARGES AND CONVICTIONS**

(To be completed by all applicants)

List all indictments, accusations, summonses, complaints, and information against the applicant for any crime, felony, misdemeanor, disorderly persons offense, petty disorderly persons offense or criminal violation.

NOTE: You need not list convictions for any violation of Title 39 of the Revised Statutes (N.J.S.A.) or comparable motor vehicle offenses in jurisdictions other than New Jersey. Death by Auto or Vehicular Homicide is considered a criminal offense and must be listed under this item.

List convictions first. **Use additional copies of this page as necessary.**

Name of entity
charged/convicted: _____

Description of
crime/offense charged: _____

Date
Charged: _____

Jurisdiction
Where Charged: _____

Indictment information,
Complaint No., indictment No. etc., _____

Disposition (if applicable,
sentence imposed): _____

SECTION SEVEN**OTHER CIVIL COURT JUDGMENTS AND PENDING LITIGATION**

(To be completed by all applicants)

A. OTHER JUDGMENTS. List and explain all judgments of liability in excess of \$25,000 rendered against the applicant in the past 10 years, starting with the most recent. **Use additional copies of this section as necessary.**

Title of case:

N/A

Docket No.: _____

Name & location
of court: _____Date judgment
entered: _____Nature of
suit: _____Amt./terms of
judgment: _____

B. PENDING SUITS. List and explain all civil suits in which the applicant is presently involved as a party plaintiff or defendant. Include matters involving resolution before arbitration boards. **Use additional copies of this section as necessary.**

Title of case: _____

Docket No.: _____

Name & location
of court: _____

Date Filed: _____

Nature of
suit: _____

Status: _____

CERTIFICATION

(All applicants must sign and date the following certification)

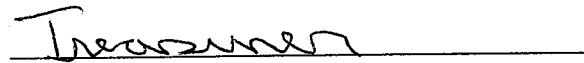
I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment.

Dated:

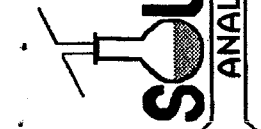
9/27/06



Signature



Print Title & Position



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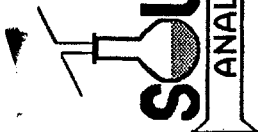
Client: Princeton Laundry, Inc.	Report to: John Garlasco
Address: 781 East 133 rd Street	
Bronx, NY 10454	Results needed by:
Tel: (718) 993-7760	(Rush T/A only)
Fax: (718) 993-5203	

Laboratory Certification IDs: NYSDOH: 10950 NJDEP: NY006 EPA: NY01292

This Area for Lab Use Only		Y	N	Analysis Numbers/Comments:								
Samples received intact?			✓									
Samples properly preserved?			✓									
Samples ambient?			✓									
Rush turnaround requested?			✓									
Sample Identification/ Description/Location	Containers		Sample Information			Matrix Code (see above)	Analysis Requested	NaOH + Ascorbic Acid	HNO ₃	H ₂ SO ₄	HCl	None/Other
	#	Type	Date	Time	Grab/ Composite							
Location M1	1	250 mL plastic bottle	3/10/06	8:00	G	1	Cyanide	X				
Location M1	1	250 mL plastic bottle	3/10/06	9:00	G	1	Cyanide	X				
Location M1	1	250 mL plastic bottle	3/10/06	10:00	G	1	Cyanide	X				
Location M1	1	250 mL plastic bottle	3/10/06	11:00	G	1	Cyanide	X				
Location M1	1	500 mL plastic bottl	3/10/06			1	Metals		X			
Location M1	1	125 mL plastic bottle	3/10/06			1	Hexavalent Chromium					X
Location M1	1	1 L glass jar	3/10/06	8:00	G	1	Non-Polar Material			X		
Location M1	1	1 L glass jar	3/10/06	9:00	G	1	Non-Polar Material			X		
Location M1	1	1 L glass jar	3/10/06	10:00	G	1	Non-Polar Material			X		
Location M1	3	1 L glass jar	3/10/06	11:00	G	1	Non-Polar Material			X		

COLLECTED BY: (PRINT NAME)		PROJECT NAME / DESCRIPTION:		Semiannual Wastewater Analysis	
John Garlasco					
RELINQUISHED BY: (SIGNATURE)		RECEIVED BY: (SIGNATURE)	—	DATE:	—
RELINQUISHED BY: (SIGNATURE)	—	RECEIVED BY: (SIGNATURE)	—	DATE:	—
RELINQUISHED BY: (SIGNATURE)	—	RECEIVED BY LAB: (SIGNATURE)		DATE:	3-13-06
				TIME:	2:30 PM

This Area for Lab Use Only		Y	N	Analysis Numbers/Comments:				Notes (including P.O. #):					
Samples received intact?			✓										
Samples properly preserved?			✓										
Samples ambient?			✓										
Rush turnaround requested?			✓										
Sample Identification/ Description/Location	Containers		Sample Information			Matrix Code (see above)	Analysis Requested	NaOH + Ascorbic Acid	HNO ₃	H ₂ SO ₄	HCl	None/Other	
	#	Type	Date	Time	Grab/ Composite								
Location M1	1	250 mL plastic bottle	3/8/06	8:00	G	1	Cyanide	X					
Location M1	1	250 mL plastic bottle	3/8/06	9:00	G	1	Cyanide	X					
Location M1	1	250 mL plastic bottle	3/8/06	10:00	G	1	Cyanide	X					
Location M1	1	250 mL plastic bottle	3/8/06	11:00	G	1	Cyanide	X					
Location M1	1	500 mL plastic bottl	3/8/06			1	Metals		X				
Location M1	1	125 mL plastic bottle	3/8/06			1	Hexavalent Chromium					X	
Location M1	1	1 L glass jar	3/8/06	8:00	G	1	Non-Polar Material			X			
Location M1	1	1 L glass jar	3/8/06	9:00	G	1	Non-Polar Material			X			
Location M1	1	1 L glass jar	3/8/06	10:00	G	1	Non-Polar Material			X			
Location M1	1	1 L glass jar	3/8/06	11:00	G	1	Non-Polar Material			X			
COLLECTED BY: (PRINT NAME)				PROJECT NAME / DESCRIPTION:				Semiannual Wastewater Analysis					
RELINQUISHED BY: (SIGNATURE)				RECEIVED BY: (SIGNATURE)				DATE:		TIME:		AM PM	
RELINQUISHED BY: (SIGNATURE)				RECEIVED BY: (SIGNATURE)				DATE:		TIME:		AM PM	
RELINQUISHED BY: (SIGNATURE)				RECEIVED BY LAB: (SIGNATURE)				DATE:		TIME:		AM PM	



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Client: Princeton Laundry, Inc.	Report to: John Garlasco
Address: 781 East 133 rd Street	
Bronx, NY 10454	Results needed by:
Tel: (718) 993-7760	(Rush T/A only)
Fax: (718) 993-5203	

Laboratory Certification IDs: NYSDOH: 10950 NJDEP: NY006 EPA: NY01292

This Area for Lab Use Only		Y	N	Analysis Numbers/Comments:									
Samples received intact?		✓											
Samples properly preserved?		✓											
Samples ambient?		✓											
Rush turnaround requested?			✓										
Sample Identification/ Description/Location	Containers		Sample Information		Matrix Code (see above)	Analysis Requested	Notes (including P.O. #):						
	#	Type	Date	Time				Grab/ Composite					
Location M1	1	250 mL plastic bottle	3/7/06	8:00	G	1	Cyanide	X	NaOH + Ascorbic Acid	HNO ₃	H ₂ SO ₄	HCl	None/Other
Location M1	1	250 mL plastic bottle	3/7/06	9:00	G	1	Cyanide	X					
Location M1	1	250 mL plastic bottle	3/7/06	10:00	G	1	Cyanide	X					
Location M1	1	250 mL plastic bottle	3/7/06	11:00	G	1	Cyanide	X					
Location M1	1	500 mL plastic bottle	3/7/06			1	Metals			X			
Location M1	1	125 mL plastic bottle	3/7/06			1	Hexavalent Chromium						X
Location M1	1	1 L glass jar	3/7/06	8:00	G	1	Non-Polar Material				X		
Location M1	1	1 L glass jar	3/7/06	9:00	G	1	Non-Polar Material				X		
Location M1	1	1 L glass jar	3/7/06	10:00	G	1	Non-Polar Material				X		
Location M1	1	1 L glass jar	3/7/06	11:00	G	1	Non-Polar Material				X		
COLLECTED BY: (PRINT NAME)		John Garlasco		PROJECT NAME / DESCRIPTION:		Semiannual Wastewater Analysis							
RELINQUISHED BY: (SIGNATURE)				RECEIVED BY: (SIGNATURE)		DATE:		TIME:		AM		PM	
RELINQUISHED BY: (SIGNATURE)				RECEIVED BY: (SIGNATURE)		DATE:		TIME:		AM		PM	
RELINQUISHED BY: (SIGNATURE)				RECEIVED BY LAB: (SIGNATURE)		DATE:		TIME:		AM		PM	

Handwritten signature and date: 3-13-06

CHAIN OF CUSTODY RECORD



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Client: Princeton Laundry, Inc.	Report to: John Garlasco
Address: 781 East 133 rd Street	
Bronx, NY 10454	Results needed by: (Rush T/A only)
Tel: (718) 993-7760	Fax: (718) 993-5203

Laboratory Certification IDs: NYSDOH: 10950 NJDEP: NY006 EPA: NY01292

This Area for Lab Use Only		Y	N	Analysis Numbers/Comments:		Notes (including P.O. #):		Matrix Code: 1-water; 2-soil; 3-sludge; 4-oil; 5-wipe; 6-other; Dust		NaOH + Ascorbic Acid		HNO ₃	H ₂ SO ₄	HCl	None/Other
Sample Identification/Description/Location	Containers	#	Type	Date	Time	Grab/Composite	Matrix Code (see above)	Analysis Requested							
Location M1	1 250 mL plastic bottle	1		3/9/06	8:00	G	1	Cyanide		X					
Location M1	1 250 mL plastic bottle	1		3/9/06	9:00	G	1	Cyanide		X					
Location M1	1 250 mL plastic bottle	1		3/9/06	10:00	G	1	Cyanide		X					
Location M1	1 250 mL plastic bottle	1		3/9/06	11:00	G	1	Cyanide		X					
Location M1	1 500 mL plastic bottl	1		3/9/06			1	Metals			X				
Location M1	1 125 mL plastic bottle	1		3/9/06			1	Hexavalent Chromium							X
Location M1	1 1 L glass jar	1		3/9/06	8:00	G	1	Non-Polar Material				X			
Location M1	1 1 L glass jar	1		3/9/06	9:00	G	1	Non-Polar Material				X			
Location M1	1 1 L glass jar	1		3/9/06	10:00	G	1	Non-Polar Material				X			
Location M1	1 1 L glass jar	1		3/9/06	11:00	G	1	Non-Polar Material				X			

PROJECT NAME / DESCRIPTION:		Semiannual Wastewater Analysis	
COLLECTED BY: (PRINT NAME)	John Garlasco	RECEIVED BY: (SIGNATURE)	DATE: 3-13-06
RELINQUISHED BY: (SIGNATURE)		RECEIVED BY: (SIGNATURE)	TIME: 2:30 PM
RELINQUISHED BY: (SIGNATURE)		RECEIVED BY: (SIGNATURE)	TIME: 2:30 PM
RELINQUISHED BY: (SIGNATURE)		RECEIVED BY: (SIGNATURE)	TIME: 2:30 PM



Citations

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.

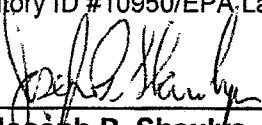
SW - SW 846 3rd Edition.

SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.

LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

Laboratory Director: _____


Joseph P. Shaulys





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 Email: Info@SouthMallLabs.com
 Website: www.SouthMallLabs.com

March 27, 2006

Princeton Laundry, Inc.
 781 East 133rd Street
 Bronx, NY 10454

Att: John Garlasco

Sample Description: Water - Semiannual Wastewater Analysis, Location M1 - Day 4 - 03/10/06

Sample Collected By: Princeton Laundry, Inc.
 Purchase Order: Verbal
 Date Samples Received: 3/13/06
 Work Order Number: 0603068

<u>Analyte</u>	<u>Results</u>	<u>Units</u>	<u>RL</u>	<u>Analyzed</u>	<u>By</u>	<u>Method</u>
Cadmium	<0.001	mg/L	0.001	03/14/06	JA	EPA 200.7
Chromium	<0.002	mg/L	0.002	03/14/06	JA	EPA 200.7
Copper	0.039	mg/L	0.004	03/14/06	JA	EPA 200.7
Lead	0.006	mg/L	0.003	03/14/06	JA	EPA 200.7
Mercury	<0.10	ug/L	0.10	03/14/06	MEM	EPA 245.1
Molybdenum	0.002	mg/L	0.002	03/14/06	JA	EPA 200.7
Nickel	0.003	mg/L	0.002	03/14/06	JA	EPA 200.7
Silver	0.006	mg/L	0.002	03/14/06	JA	EPA 200.7
Zinc	0.075	mg/L	0.002	03/14/06	JA	EPA 200.7
Cyanide, Total	<0.015	mg/L	0.015	03/15/06	JD	LT 10-204-00-1-A
Non-Polar Material- 8:00:00 AM	<4.0	mg/L	4.0	03/24/06	HT	EPA 1664A
Non-Polar Material- 9:00:00 AM	<4.0	mg/L	4.0	03/24/06	HT	EPA 1664A
Non-Polar Material-10:00:00 AM	<4.0	mg/L	4.0	03/24/06	HT	EPA 1664A
Non-Polar Material-11:00:00 AM	4.8	mg/L	4.0	03/24/06	HT	EPA 1664A



Citations

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.

SW - SW 846 3rd Edition.

SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.

LT - Lachat Method Manual, "Methods List for Automated Ion Analyzers", February 2004

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

Laboratory Director: _____


Joseph P. Shaulys





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 Email: Info@SouthMallLabs.com
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March 27, 2006

Princeton Laundry, Inc.
 781 East 133rd Street
 Bronx, NY 10454

Att: John Garlasco

Sample Description: Water - Semiannual Wastewater Analysis, Location M1 - Day 3 - 03/09/06

Sample Collected By: Princeton Laundry, Inc.
 Purchase Order: Verbal
 Date Samples Received: 3/13/06
 Work Order Number: 0603068

<u>Analyte</u>	<u>Results</u>	<u>Units</u>	<u>RL</u>	<u>Analyzed</u>	<u>By</u>	<u>Method</u>
Cadmium	<0.001	mg/L	0.001	03/14/06	JA	EPA 200.7
Chromium	<0.002	mg/L	0.002	03/14/06	JA	EPA 200.7
Copper	0.046	mg/L	0.004	03/14/06	JA	EPA 200.7
Lead	0.010	mg/L	0.003	03/14/06	JA	EPA 200.7
Mercury	<0.10	ug/L	0.10	03/14/06	MEM	EPA 245.1
Molybdenum	0.002	mg/L	0.002	03/14/06	JA	EPA 200.7
Nickel	0.003	mg/L	0.002	03/14/06	JA	EPA 200.7
Silver	0.004	mg/L	0.002	03/14/06	JA	EPA 200.7
Zinc	0.072	mg/L	0.002	03/14/06	JA	EPA 200.7
Cyanide, Total	<0.015	mg/L	0.015	03/15/06	JD	LT 10-204-00-1-A
Non-Polar Material- 8:00:00 AM	27.5	mg/L	4.0	03/24/06	HT	EPA 1664A
Non-Polar Material- 9:00:00 AM	24.9	mg/L	4.0	03/24/06	HT	EPA 1664A
Non-Polar Material-10:00:00 AM	<4.0	mg/L	4.0	03/24/06	HT	EPA 1664A
Non-Polar Material-11:00:00 AM	<4.0	mg/L	4.0	03/24/06	HT	EPA 1664A



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 Email: Info@SouthMallLabs.com
 Website: www.SouthMallLabs.com

March 27, 2006

Princeton Laundry, Inc.
 781 East 133rd Street
 Bronx, NY 10454

Att: John Garlasco

Sample Description: Water - Semiannual Wastewater Analysis, Location M1 - Day 2 - 03/08/06

Sample Collected By: Princeton Laundry, Inc.
 Purchase Order: Verbal
 Date Samples Received: 3/13/06
 Work Order Number: 0603068

<u>Analyte</u>	<u>Results</u>	<u>Units</u>	<u>RL</u>	<u>Analyzed</u>	<u>By</u>	<u>Method</u>
Cadmium	<0.001	mg/L	0.001	03/14/06	JA	EPA 200.7
Chromium	<0.002	mg/L	0.002	03/14/06	JA	EPA 200.7
Copper	0.038	mg/L	0.004	03/14/06	JA	EPA 200.7
Lead	0.003	mg/L	0.003	03/14/06	JA	EPA 200.7
Mercury	<0.10	ug/L	0.10	03/14/06	MEM	EPA 245.1
Molybdenum	0.005	mg/L	0.002	03/14/06	JA	EPA 200.7
Nickel	0.004	mg/L	0.002	03/14/06	JA	EPA 200.7
Silver	0.006	mg/L	0.002	03/14/06	JA	EPA 200.7
Zinc	0.056	mg/L	0.002	03/14/06	JA	EPA 200.7
Cyanide, Total	0.020	mg/L	0.015	03/15/06	JD	LT 10-204-00-1-A
Non-Polar Material- 8:00:00 AM	45.0	mg/L	4.0	03/24/06	HT	EPA 1664A
Non-Polar Material- 9:00:00 AM	33.8	mg/L	4.0	03/24/06	HT	EPA 1664A
Non-Polar Material-10:00:00 AM	27.5	mg/L	4.0	03/24/06	HT	EPA 1664A
Non-Polar Material-11:00:00 AM	22.5	mg/L	4.0	03/24/06	HT	EPA 1664A



Citations

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.

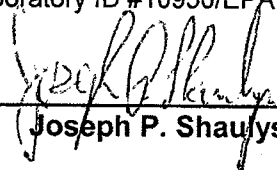
SW - SW 846 3rd Edition.

SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.

LT - Lachat Method Manual, "Methods List for Automated Ion Analyzers", February 2004

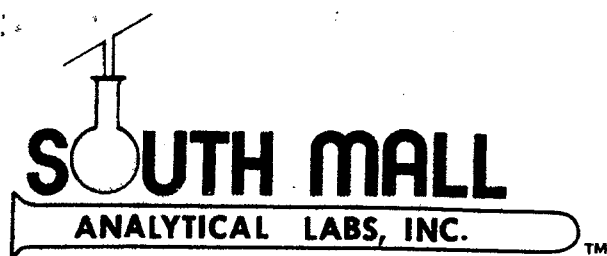
New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

Laboratory Director:



 Joseph P. Shaulys





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 Email: Info@SouthMallLabs.com
 Website: www.SouthMallLabs.com

March 27, 2006

Princeton Laundry, Inc.
 781 East 133rd Street
 Bronx, NY 10454

Att: John Garlasco

Sample Description: Water - Semiannual Wastewater Analysis, Location M1 - Day 1 - 03/07/06

Sample Collected By: Princeton Laundry, Inc.
 Purchase Order: Verbal
 Date Samples Received: 3/13/06
 Work Order Number: 0603068

<u>Analyte</u>	<u>Results</u>	<u>Units</u>	<u>RL</u>	<u>Analyzed</u>	<u>By</u>	<u>Method</u>
Cadmium	<0.001	mg/L	0.001	03/14/06	JA	EPA 200.7
Chromium	0.002	mg/L	0.002	03/14/06	JA	EPA 200.7
Copper	0.040	mg/L	0.004	03/14/06	JA	EPA 200.7
Lead	0.011	mg/L	0.003	03/14/06	JA	EPA 200.7
Mercury	<0.10	ug/L	0.10	03/14/06	MEM	EPA 245.1
Molybdenum	0.002	mg/L	0.002	03/14/06	JA	EPA 200.7
Nickel	0.004	mg/L	0.002	03/14/06	JA	EPA 200.7
Silver	0.005	mg/L	0.002	03/14/06	JA	EPA 200.7
Zinc	0.077	mg/L	0.002	03/14/06	JA	EPA 200.7
Cyanide, Total	<0.015	mg/L	0.015	03/15/06	JD	LT 10-204-00-1-A
Non-Polar Material- 8:00:00 AM	14.3	mg/L	4.0	03/24/06	HT	EPA 1664A
Non-Polar Material- 9:00:00 AM	32.5	mg/L	4.0	03/24/06	HT	EPA 1664A
Non-Polar Material-10:00:00 AM	23.9	mg/L	4.0	03/24/06	HT	EPA 1664A
Non-Polar Material-11:00:00 AM	26.0	mg/L	4.0	03/24/06	HT	EPA 1664A



Citations

EPA - 40 Code of Federal Regulations, Part 136, October 26, 1984.

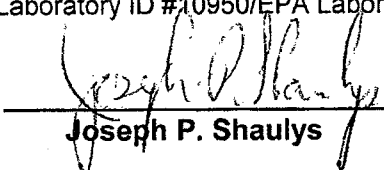
SW - SW 846 3rd Edition.

SM - Standard Methods for the Examination of Water and Wastewater, 18th edition.

LT - Lachat Method Manual, "*Methods List for Automated Ion Analyzers*", February 2004

New York State ELAP Laboratory ID #10950/EPA Laboratory ID #NY01292/New Jersey DEP Laboratory ID #NY006

Laboratory Director: _____


Joseph P. Shaulys



Mail to: PO Box 308
Trenton, NJ 08646

STATE OF NEW JERSEY
DIVISION OF REVENUE

Overnight to: 225 West State St.
3rd Floor
Trenton, NJ 08608-1001

"FEE REQUIRED"

PUBLIC RECORDS FILING FOR NEW BUSINESS ENTITY

Fill out all information below INCLUDING INFORMATION FOR ITEM 11, and sign in the space provided. Please note that once filed, this form constitutes your original certificate of incorporation/formation/registration/authority, and the information contained in the filed form is considered public. Refer to the instructions for delivery/return options, filing fees and field-by-field requirements. Remember to remit the appropriate fee amount. Use attachments if more space is required for any field, or if you wish to add articles for the public record.

1. Business Name:
Princeton Laundry Inc.

COPY

FILED

JUN 23 2006

STATE TREASURER

2. Type of Business Entity: DP
(See Instructions for Codes, Page 21, Item 2)

3. Business Purpose:
(See Instructions, Page 22, Item 3)

4. Stock (Domestic Corporations only; LLCs and Non-Profit leave blank):
1,000

5. Duration (If Indefinite or Perpetual, leave blank):

6. State of Formation/Incorporation (Foreign Entities Only):

7. Date of Formation/Incorporation (Foreign Entities Only):

8. Contact Information:

Registered Agent Name: Thomas E. Burke

Registered Office:

(Must be a New Jersey street address)

Street 01 W. Passaic Street

City Rochelle Park Zip 07662

Main Business or Principal Business Address:

Street 2 Wood Street

City Paterson State NJ Zip 07510

9. Management (Domestic Corporations and Limited Partnerships Only)

- For Profit and Professional Corporations list initial Board of Directors, minimum of 1;
- Domestic Non-Profits list Board of Trustees, minimum of 3;
- Limited Partnerships list all General Partners.

Name	Street Address	City	State	Zip
<u>Michael Garlasco</u>	<u>780 Ramapo Valley Rd</u>	<u>Mahwah</u>	<u>NJ</u>	<u>07430</u>
<u>John Garlasco</u>	<u>516 Otto Place</u>	<u>Paramus</u>	<u>NJ</u>	<u>07652</u>
<u>Kevin Garlasco</u>	<u>114 Maitland Avenue</u>	<u>Paramus</u>	<u>NJ</u>	<u>07652</u>

The signatures below certify that the business entity has complied with all applicable filing requirements pursuant to the laws of the State of New Jersey.

10. Incorporators (Domestic Corporations Only, minimum of 1)

Name	Street Address	City	State	Zip
<u>Thomas E. Burke</u>	<u>201 W. Passaic St.</u>	<u>Rochelle Park</u>	<u>NJ</u>	<u>07662</u>

Signature(s) for the Public Record (See instructions for Information on Signature Requirements)

Signature	Name	Title	Date
<u>Thomas E. Burke</u>	<u>Thomas E. Burke</u>	<u>CPA</u>	<u>6/22/06</u>